Patient Centered Medical Home Stakeholder Council
Meeting Minutes
November 15, 2013
Office of the Commissioner of Securities and Insurance (CSI)
Conference Room, Helena, and by phone

Members present
Dr. Jeffrey Zavala, St. Vincent's Hospital
Paula Block, Montana Primary Care Association
Dr. Jonathan Griffin, St. Peter's Medical Group
Dr. Larry Severa, Billings Clinic
Dr. Janice Gomersall, Community Physicians Group, Mountain View Family medicine and Obstetrics
Dr. Jay Larson, South Hills Internal Medicine
Carla Cobb, RiverStone Health
Todd Lovshin, PacificSource Health Plans
Dr. Monica E Berner, Blue Cross Blue Shield of Montana
Mary Noel, Medicaid Division, Department of Health and Human Services
Jane Smilie, Public Health and Safety Division, Department of Public Health & Human Services
S. Kevin Howlett, Tribal Health and Human Services, Confederated Salish & Kootenai Tribes
Lisa Wilson, Montana Family Link
Sen. Mary Caferro, Montana State Senate

Members absent
Dr. Joe Sofianek, Bozeman Deaconess Health Group
Dr. Thomas H Roberts, Montana Health Co-op
Representative Ron Ehli, Montana State House of Representatives

Interested parties present
Mona Sweeney, AAAHC
Ann Carrera, AAAHC
Deanna McCann, consumer advocate
Christine Peters/Peterson ?
D. Helgerson, Public Health and Safety Division, DPHHS
John Butz, Pfizer
Breann Streck, St. Vincent's
Renn Vetter, Montana Optometry Association
Aaron Turner, URAC
Will Robinson, NCQA
Barbara Wirth, NASHP
Jody Haines, Providence Medical Group
Spencer Guthrie, GlaxoSmithKline
Kelly Gallipeau, Kalispell Regional Medical Center
Jim Driscoll, Independent Pharmaceutical
Chris, Pharmaceutical
Joanna – PLUK
Rebecca Richards, PLUK
Marti Wangen – Montana Podiatric Medical Association

Nicole O'Brien
Bill Simons, Montana Optometry Association
Dr. Pat Van Wyk – St. Peter's Behavioral Health
Aidan Myhre

CSI Staff Present
Christina Goe
Amanda Eby
Emily Samhammer – Minutes Recorder

Welcome, announcements, roll call, agenda review.
CSI Staff took roll call of the council members. Christina Goe asked for nominations for the chair. Dr. Jonathan Griffin moved to nominate himself, and Todd Lovshin seconded the motion for nomination. The motion passed unanimously. Christina Goe suggested a payer be vice chair since a provider would be chair. Dr. Monica Berner was nominated for vice-chair and the council voted unanimously to elect her as vice-chair. Christina Goe reviewed the agenda.

Sub-committee established to review Montana PCMH standards.
Christina Goe began the council discussion with several issues that needed to be addressed before the December 1st application deadline for providers who wish to be recognized as PCMH. First, recognized accrediting agencies needed their standards compared with Montana standards. A subcommittee was tasked to review the cross-walks between the Montana law and NCQA, Joint Commission, URAC, and AAAHC standards. The subcommittee was tasked to report back to the council with recommendations on which accrediting agencies would best fit with Montana standards.

The council agreed that providers currently recognized by accrediting organizations and Blue Cross Blue Shield as PCMH homes needed to be contacted so they could submit a letter of intent to be qualified in the Montana PCMH Program. The letter would need to be submitted to the Commissioner's office by December 1, and a longer follow-up application could be completed by the practice mid-December.

The subcommittee was established with the following members: Paula Block, Dr. Jonathan Griffin, Dr. Janice Gomersall, Dr. Jay Larson, Dr. Larry Severa, and Lisa Wilson. The council agreed to meet the following Wednesday.

Other discussion included: If providers are working toward a PCMH accreditation then the commissioner can provisionally recognize them for up to 12 months. Eventually, additional Montana-specific standards could be added. Currently, CSKT facilities are not recognized as PCMH groups but follow a similar model and are interested in learning and potentially participating.

The council discussed how many providers currently participate in PCMH programs. There are about 17 NCQA recognized practices with 60 recognized providers. There are also 12 Blue Cross Blue Shield recognized practices, not all of which are NCQA recognized. Christina reminded the council that to use the PCMH name in the future they need to be qualified by the commissioner; however, practices in all stages of the PCMH process are welcome and can be provisionally qualified. After December, CSI and the council will have a better idea of who is out there who wants to participate because the application process will provide an excellent source of information.

Draft application for recognition as a PCMH reviewed.

Sec. 2-C: There was discussion of adding additional types of providers, including OBGYNs, to better reflect all who provide primary care. There was discussion on whether to keep the application focused more narrowly on providers whose main focus is on primary care or expand it to include a larger scope of providers because there is new interest from them.

Sec. 3: Add Physician Assistants as well.

Sec. 4: The council discussed which medical revenue was necessary to be tracked, and the need to also track covered lives. There was discussion about Medicaid beginning to transition toward a PCMH model (they said they are interested but are not in the process of transitioning). Proponents of tracking the payer mix argue that more data allows for a better picture and understanding of the program. Opponents argue it is not necessary and may be difficult for larger health centers to track certain revenue streams or PCMH specific revenue streams. The application was initially based off of the Massachusetts application. There is a general consensus among the group that if information is gathered it should have a direct purpose.

Sec. 5: The council discussed the need to put it into a chart format, and also track patients/covered lives by provider within a practice. Potentially add cost or paid reimbursement.

Sec. 6-9: Data collection may vary by program – certain programs may have limited access to information. The council needs to think carefully about what information is needed and useful before requesting data. The application will not be the final opportunity to survey the programs so we need to determine what information is initially necessary.

Sec. 10: The council agreed understanding the IT infrastructure of practices is important because it is impossible to do PCMH without electronic tracking.

Timeline for the council to move forward with work established

Prior to December 1, subcommittee members will add current PCMH groups to CSI's list so groups can be contacted about submitting a letter of intent. The December 1st deadline is only a hard deadline for existing practices to submit letter of intent.

An application will be finished with the goal of it being submitted by PCMH participants by December 15. Discussion continued about shortening the application to meet the tight time-frame and request data at a later time.

The council's first priority is to reach out to existing practices; however one of the purposes of the council is to encourage payers and providers to join this program. Other practices which can apply at any time throughout the year and need to be reached out to include practices involved with: MMA, MHA, American Academy of Pediatrics, Osteopathic Medical Association, Primary Care Association, and the Family Medicine Association.

The council discussed pulling together a large contact list to broadcast a message from the PCMH council to include medical entities, payers, and legislative members.

Dr. Jonathan Griffin reviews the PCMH initiative history

Dr. Griffin reviewed the PCMH process including the previous council and legislative work. The council also discussed the electronic tracking of data.

Jane Smilie, DPHHS – Health and Public Safety, discusses how the office can assist with data tracking

Jane Smilie discussed DPHHS's available resources to certain metrics that could show the progress of PCMH practices. Public health is charged with monitoring and improving population health, and has access to epidemiologists and statisticians that have the capacity to do data analysis. Potential metrics to measure included hypertension control, childhood immunizations, screening and referral for tobacco cessation, and Hemoglobin A1C. The council agreed that they wanted to hear a broader discussion of tracking these metrics from public health in the future. They agreed to pursue focused, measurable results that could show health improvement and cost-savings in a short period of time.

Meeting Schedule established, items for discussion at future meetings

The council agreed to meet monthly with additional meetings as necessary for subcommittees to discuss specific topics. They will meet the third Wednesday of each month at 1 PM at CSI, with conference call available.

The council suggested several future potential topics that included DPHHS metrics, a section of the meeting spotlighting providers and potentially patients (Dr. Griffin volunteers his practice for the next meeting), and promoting PCMH to patients so patients start asking for that type of care from their providers. The council proposed bringing in people from the community to hear their reactions toward education on PCMH, putting together a unified strategy to engage people, having Monica send out an Op Ed to newspapers. Lisa Wilson offered to talk about educating consumers. Paula Block offered to organize a discussion on pro-active care teams – including team members other than providers, outreach to rural communities, and what different care teams can look like. Others proposed having the Frontier Medicine Better Health Partnership director present. The council should gather a compilation of healthcare related activities across the state. Members also need to discuss preventative wellness vs. chronic care management. Dr. Griffin will work with CSI to put together a charter determining the mission and scope of the group.

Emails will be sent to confirm future PCMH Stakeholder Council meeting dates.

Meeting adjourned at 2:56pm